

Name, Address, Phone # & State Bar # of Attorney or Party without Attorney	FOR COURT USE ONLY
Attorney for: SUPERIOR COURT OF THE STATE OF CALIFORNIA COUNTY OF YOLO 725 Court Street, #103 Woodland California 95695 530/406-6704	
Plaintiff(s):	Case Number:
Defendant(s):	REQUEST FOR DEFAULT OR UNCONTESTED HEARING (Marriage)

Hearing set: _____

Please place this proceeding on the court's default or uncontested Family Law calendar for hearing.

This may be heard as an uncontested matter because:

? Default of Respondent was entered on (date): _____

? Appearance and Waiver was filed by Respondent on (date): _____

? Response and Waiver was filed by Respondent on (date): _____

There is ?not a property settlement agreement. If so, a copy:

? was filed on (date): _____

? is attached

This matter will be personally presented in court by attorney _____.

Date: _____

Party

Signature of Attorney/Party without Attorney

Type or Print Name

Indicate preferred hearing dates:

SUBMIT FORM IN DUPLICATE. A COPY WILL BE RETURNED TO YOU WITH THE HEARING DATE.